## **Application Data Sheet**

## **Application Information** Application number:: Filing Date:: Regular Application Type:: Subject Matter:: Utility Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: MICROPROCESSOR SYSTEM Title:: 15114H-073800US Attorney Docket Number:: No Request for Early Publication:: Request for Non-Publication:: Yes Suggested Drawing Figure:: **Total Drawing Sheets:** 1 No Small Entity?:: Latin name:: Variety denomination name:: No Petition included?:: Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One:: Secrecy Order in Parent Appl.:: No

## **Applicant Information**

Middle Name::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Andrew

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Family Name:: Crosland
Name Suffix::

City of Residence:: Hadeddenham

State or Province of Residence:: Aylesbury

Country of Residence:: United Kingdom

Street of Mailing Address:: 31 The Cables

City of Mailing Address:: Hadeddenham

State or Province of mailing address:: Aylesbury

Country of mailing address:: United Kingdom

Country of maining address.. Office rangdom

Postal or Zip Code of mailing address:: HP17 8AD

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: James

Middle Name::

Family Name:: Tyson

Name Suffix::

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State or Province of Residence:: Slough

Country of Residence:: United Kingdom

Street of Mailing Address:: 54 Dropmore Road

City of Mailing Address:: Brunham

State or Province of mailing address:: Slough

Country of mailing address::

United Kingdom

Postal or Zip Code of mailing address:: SL1 8AN

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Brazil

Status::

**Full Capacity** 

Given Name::

Fabio

Middle Name::

Petrassem

Family Name::

de Sousa

Name Suffix::

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State or Province of Residence::

Country of Residence::

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Street of Mailing Address::

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City of Mailing Address::

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State or Province of mailing address::

Country of mailing address::

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Applicant Authority Type::

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Primary Citizenship Country::

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Status::

**Full Capacity** 

Given Name::

**Andrew** 

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Family Name::

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State or Province of Residence::

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Country of Residence::

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City of Mailing Address::

Chesham

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State or Province of mailing address:: Buckinghamshire

Country of mailing address:: United Kingdom

Postal or Zip Code of mailing address:: HP5 3AE

**Correspondence Information** 

Correspondence Customer Number:: 20659

**Representative Information** 

Representative Customer Number:: 20659

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information** 

Country:: Application number:: Filing Date::

**Assignee Information** 

Assignee Name:: Altera Corporation

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State or Province of mailing address:: CA

Country of mailing address:: USA

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